

MISSOURI DIVISION OF HEALTH AND WELFARE DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-006498

STATE FILE NUMBER

AMENDED

Registration District No. 149
FILED MAR 7 1962

Primary Registration District No. 1002 Registrar's No. 811

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
40 y-s

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 416 W- 11th ST.

(If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Betty

Middle

Freeze

Last

4. DATE OF DEATH

Month Feb

Day 8

Year 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☐ Divorced ☐

Widowed ☒

8. DATE OF BIRTH

9-1-1889

9. AGE (last birthday)

72

10. IF UNDER 1 YEAR

Months 72

11. IF UNDER 24 HR

Days 72 Hours 72 Min. 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Glass Girl

10b. KIND OF BUSINESS OR INDUSTRY

Fred Harvey

11. BIRTHPLACE (City and state or country)

Cedar Rapids Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Mason

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Charles E. Freeze

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Lapetina Funeral Home, K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Terminal pneumonia following stroke

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell on sidewalk

20c. TIME OF INJURY

Hour 2:30 Month, Day, Year 2-3-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., etc.)
about home

20f. CITY, TOWN, OR LOCATION

Kansas City Jackson

COUNTY

STATE

MO

21. I attended the deceased from

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Queros Corra

22b. ADDRESS

157 Union Station

22c. DATE SIGNED

2-8-62

23a. REMOVAL (Specify)

anatomical

23b. DATE

2-20-62

23c. NAME OF CEMETERY OR CREMATORY

University of Kansas City

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

Peter B. Lapetina

ADDRESS

538 Campbell

25. DATE RECD. BY LOCAL REG.

2-12-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

H. H. Owens MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Trinko, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.